

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1	1				
6		1				
7		1				
8		2				
9		1				
10		2				
11		2				
12		1				
13		2				
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50						
TOTAL IND.	4					
TOTAL DEP.	51					
TOTAL CLAIMS	55					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						